

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539245

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		1		1		
5		3		1		
6		3		1		
7		4		1		
8	1		1			
9		1		1		
10		1		1		
11		2		1		
12		2		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21	1		1			
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28				1		
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49						
50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	37	←	29	←		←
TOTAL CLAIMS	42		34			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						